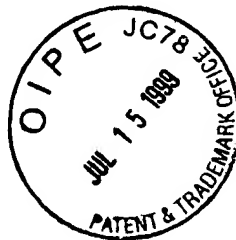


**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN**

Docket Number: 08935-5/P01
Express Mail No.

Applicant or Patentee: Robert D. TAYLOR
Serial or Patent No.: Unknown
Filed: May 27, 1999
Title: ADJUSTABLE GUITAR NECK



I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN: Taylor-Listug, Inc.
ADDRESS OF SMALL BUSINESS CONCERN: 1980 Gillespie Way
El Cajon, California 92020

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal years, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that this correspondence or fee is being deposited with the United States Postal Service, "Express Mail Post Office to Addressee" service, under 37 CFR 1.10, on the date indicated below and is addressed to Box PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Date of Signature

Saul M. Solano

Express Mail No.: EM096556985US

☐ the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☒ no such person, concern or organization exists.
☐ each such person, concern or organization is listed below.

NAME:

ADDRESS:

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Robert D. Taylor

TITLE OF PERSON IF OTHER THAN OWNER: _____

ADDRESS OF PERSON SIGNING: 1980 Gillespie Way, El Cajon, California 92020

SIGNATURE: _____

DATE: _____

6/2/99

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
English Language Declaration

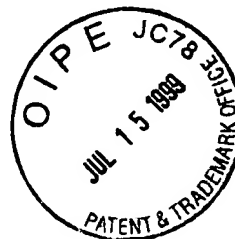
Docket No.
08935-5/P01

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADJUSTABLE GUITAR NECK



the specification of which

(check one)

☐ is attached hereto.

☒ was filed on: May 27, 1999

as Application Serial No.:

and (if applicable) was amended on:

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☐

Yes

☐

No

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that this correspondence or fee is being deposited with the United States Postal Service, "Express Mail Post Office to Addressee" service, under 37 CFR 1.10, on the date indicated below and is addressed to Box PATENT APPLICATION, Commissioner of Patents and Trademarks, Washington, D.C. 20231.

July 15, 1999
Date of Signature

Saul M. Solano
Saul M. Solano

Express Mail No.: EM096556985US

_____ (Number)	_____ (County)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (County)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code 112.1, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

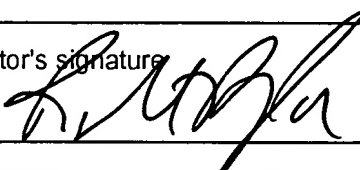
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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Full name of sole or first inventor Robert D. Taylor	
Inventor's signature 	Date: 6-2-99
Residence: 1845 Elm Lane El Cajon, CA. 92019	
Citizenship: United States Citizen	
Post Office Address:	
Full name of joint inventor (if any)	
Second Inventor's signature	Date:
Residence:	
Citizenship:	
Post Office Address:	